


**2004 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2004**

FILED
Mar 04, 2004 08:00 AM
Secretary of State

DOCUMENT # A28908		
1. Entity Name ORLANDO BELTWAY ASSOCIATES-ROUND LAKE ROAD, LTD.		

Principal Place of Business 180 WILSHIRE BOULEVARD CASSELBERRY FL 32707	Mailing Address 180 WILSHIRE BOULEVARD CASSELBERRY FL 32707
---	---

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State
Zip	Country



4. FEI Number 59-2970430	Applied For <input type="checkbox"/> Not Applicable
-----------------------------	--

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
---	--------------------------------

6. Name and Address of Current Registered Agent MORLEY, PATRICK M. 180 WILSHIRE BOULEVARD CASSELBERRY FL 32707	
---	--

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____	DATE _____
-----------------	------------

9. Capital Contributions as Shown on record. \$1,597,000.00	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
---	---	---

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT #		STREET ADDRESS	
NAME	MORLEY, PATRICK M.	CITY-ST-ZIP	
STREET ADDRESS	180 WILSHIRE BLVD.		
CITY-ST-ZIP	CASSELBERRY FL 32707		
DOCUMENT #		STREET ADDRESS	
NAME	HEAVENER, JAMES W.	CITY-ST-ZIP	
STREET ADDRESS	180 WILSHIRE BLVD.		
CITY-ST-ZIP	CASSELBERRY FL 32707		
DOCUMENT #		STREET ADDRESS	
NAME	WALLACE, RONALD D.	CITY-ST-ZIP	
STREET ADDRESS	180 WILSHIRE BLVD.		
CITY-ST-ZIP	CASSELBERRY FL 32707		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			

000000087355
03/15/04-80008-002 526.25

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: _____	SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER	Date	Daytime Phone #
-------------------------	--	------	-----------------

STAPLE CHECK HERE